

Better Care Fund Health Overview and Scrutiny update

30th November 2021

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*



www.towerhamletstogether.com

#TH2GETHER



Better Care Fund

Health Overview and Scrutiny update



- Overview of Better Care Fund – general context
- Tower Hamlets Better Care fund 2021-22 - overview
- Internal review of the Better Care Fund and links to Tower Hamlets Together
- New metrics within BCF
- Next steps

Better Care Fund overview



- The Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services.
- Our first BCF Plan was developed in 2016-17 and has effectively been rolled over year on year while we await the outcome of a national review of the programme.
- Locally schemes are in place to respond to five national metrics:
 - **Avoidable admissions**
 - **Length of Stay**
 - **Discharge to normal place of residence**
 - Proportion of older people (65+) who were still at home 91 days after discharge from hospital into **Reablement/rehabilitation** services and
 - Permanent **admissions to residential and nursing care homes** (65+) per 100,000 population.
- The Health and Wellbeing Board is responsible for approving BCF Plans but to date there continues to be a significant time delay in issuing guidance at a national level and therefore HWBBs often approve plans following submission to the national team (as is the case this year)
- Other than the iBCF (a grant paid to local authorities) the BCF is not additional money and is instead repurposed from existing revenue.
- How this money is allocated as well as risk and gain share agreements are reviewed annually and form the basis of the Section 75 agreement between the local authority and CCG.

Understanding the Better Care Fund

The main aim of the Fund is to drive the transformation of local services to ensure people receive better and more integrated care and support. This transformation is driven by requiring local health bodies and local authorities in each Health and Wellbeing Board to pool funding.

CCG Contribution

NHS England states the minimum CCG contribution to the BCF pooled fund, based on a relative needs formula.

CCGs contribute ~ 65% of the fund.

£35.6M across CCG in 2020/21

Local Authority Contribution

NHS England states the minimum LA contribution to the Fund.

LA contributes ~45% of the fund (including iBCF grant and DFG).

£19.5M across LBTH in 2020/21

Improved BCF (iBCF)

Is paid as a direct grant to Local Authorities to be used in the local BCF pool. Intend to be spent on:

- Meeting adult social care needs
- Reducing pressures on NHS
- Ensuring local social care provider market is supported

Better Care Fund (aligned)

£55.2M across Tower Hamlets in 2020/21

Tower Hamlets Better Care Fund 2020/21



- In Tower Hamlets we rolled over our 2016-2019 BCF plan into 2019-20 and 2020-21. This was based on national advice at the time as we await the outcome of the national review
- The BCF is received by the CCG and amounted to £21.9m in 2020-21. This was an increase of 5.5% from that received in 2019-20.
- The Disabled Facilities Grant (£2.3m), Improved Better Care Fund and Winter Pressures Grant (£16.3m) are received by the Council. The Winter Pressures Grant was merged with the iBCF in 2020/21
- Both the CCG Council make additional contributions to the pooled fund as of £13.7m and £0.8m respectively.
- This provides a total pooled fund of £55.3m in 2020-21.

2020/21 Plan	£m
Minimum CCG Contribution	21.9
Additional CCG Contribution	13.7
CCG Total	35.6
iBCF & Winter Pressures	16.3
DFG	2.3
Additional LA Contribution	0.8
LA Total	19.5
BCF Total	55.2

Tower Hamlets Better Care Fund 2021/22



- Guidance was received on 30th September and we submitted our BCF Plan for regional assurance on 16th November. Our Plan for 2021/2022 was shared in the pack however note that this has not yet been presented to the HWBB
- In advance of this (due to the delays) we agreed with the CCG minimum increased by 5.3% and made several changes to the S75 in advance of the 2021-22 guidance. Most notably we have -
 - Reviewed the schemes currently listed in our Section 75 and added additional schemes where relevant to ensure link to the Better Care Fund priorities and operational spend
 - Introduced a 'Locality Programme' which is supported by both the CCG and Council (slide 9)

Tower Hamlets Together Plan and the BCF



- As part of our review of the Better Care Fund we matched the current schemes of the BCF to the THT aims, priorities and ‘building blocks’:
 - **Care Close to Home - maintaining people’s independence in the community**
 - **Hospital to Home - reducing the time people need to stay in hospital**
 - **Building the resilience and wellbeing of our communities**
 - **Mental Health and Learning Disabilities**
 - **Children and Young People**
- Schemes are sub-divided into groups under each of the building blocks, for example: ***early help community support services; services to support hospital discharge; community equipment; community health and social care services; carers support services.***
- Within this framework, the BCF funds core frontline services as well as commissioned provision

2021-22 BCF schemes (high level)



Scheme Name	Commissioner	Provider	Expenditure (£)
Improved Better Care Fund	Local Authority	Local Authority	£16,316,044
Reablement Team	Local Authority	Local Authority	£2,349,289
Disabled Facilities Grant	Local Authority	Local Authority	£2,320,693
Community Equipment Services	Local Authority	Local Authority/Private Sector & Charity/VCS	£2,184,000
7 Day Hospital Social Work Team	Local Authority	Local Authority	£1,665,152
Community Health Team (Social Care)	Local Authority	Local Authority	£1,300,378
Carers support	Local Authority	Charity/VCS	£662,000
Locality Development Programme (LA contribution)	Local Authority	Local Authority	£413,077
LinkAge Plus (CCG contribution)	Local Authority	Charity/VCS	£325,000
LinkAge Plus (Council contribution)	Local Authority	Charity/VCS	£320,739
Adult Learning Disability Services	Local Authority	Local Authority & MH Provider	£253,521
Local Authority Support to Health and Social Care Integration	Local Authority	Local Authority	£242,253
Initial Assessment Service	Local Authority	Local Authority & MH Provider	£122,033
Brokerage Service - Support for Hospital Discharge	Local Authority	Local Authority	£110,778
Dementia Diagnosis and Community Support	Local Authority	Charity/VCS	£79,800
AMHP Service - Support for Hospital Discharge	Local Authority	NHS MH Provider	£66,327
Social Worker input into the memory clinic	Local Authority	Local Authority	£57,028
Practice Development - OT Joint Practice Lead	Local Authority	Local Authority	£30,000

Scheme Name	Commissioner	Provider	Expenditure (£)
Integrated Community Health Team (incorporating Extended Primary Care Team)	CCG	NHS Community Provider	£9,414,434
Integrated Community Health Team (incorporating Extended Primary Care Team)	CCG	NHS Community Provider	£4,770,354
Integrated Clinical and Commissioning Quality NIS (Primary Care)	CCG	CCG	£3,216,625
St Joseph's Hospice	CCG	Charity / Voluntary Sector	£2,425,271
RAID	CCG	NHS Mental Health Provider	£2,414,259
Integrated Clinical and Commissioning Quality NIS (Primary Care)	CCG	CCG	£1,382,624
Barts Acute Palliative Care Team	CCG	NHS Acute Provider	£974,344
Admissions Avoidance Discharge Service (inclu D2A)	CCG	NHS Community Provider	£850,955
Locality Development Programme (CCG contribution)	CCG	CCG	£555,410
Adult Autism and Diagnostic Intervention Service	CCG	NHS Mental Health Provider	£338,580
Psychological Support for People with LTCs (MH PC)	CCG	NHS Mental Health Provider	£150,000
Community Geriatrician Team	CCG	NHS Community Provider	£132,501
Mental Health Recovery College	CCG	NHS Mental Health Provider	£126,740
Age UK Take Home and Settle Service	CCG	Charity / Voluntary Sector	£114,000
Age UK Last Years of Life	CCG	Charity / Voluntary Sector	£93,641
Spot Purchase (overseen by CSU)	CCG	NHS Acute Provider	£88,000
Out of Borough Social Worker	CCG	Local Authority	£61,200

Developing our Locality Programme



Whilst there is significant structural change underway in the NHS with the introduction of Integrated Care Systems, local place continues to be the prescribed model for delivery of services at the hyper-local level.

We know that health and care is only a small part of what contributes to overall health and wellbeing and this has been even more highlighted during CoVID. Localities in Tower Hamlets provide a focal point and opportunity for wider engagement and multi-agency delivery. This builds on the existing work in localities, led by PCN's.

The primary purpose of this programme can be broken down into the following phases which are proposed as a broad outline and will continue to develop as we start the engagement work in phase 1:

Phase 1 - Developing the vision – 2021-2022

- Define what Localities mean for Tower Hamlets staff and residents and agree the vision for our Localities within the THT plan and HWB strategy
- Formal and informal engagement with residents and staff
- Start scoping for the phase 1 services that form the core of the Locality (eg primary care, adult community nursing, adult social care, mental health, children's services).

Phase 2 – Develop Locality Models – test and learn – 2022-23

- Develop the Locality Operating Model, which set out the service model, ways of working and population health approach and a multi-year plan to achieve this
- Test and refine the Locality models of care for those core services within the 7 Locality teams (adult community nursing, adult social care, mental health).
- Complete delivery of the multi-disciplinary team and care coordination model and look at care pathways that would bring teams together

Phase 3 - Transformation in agreed priority areas and developing the Locality team – 2022-24

- Transformation in the core Locality based services and building the Locality team
- Transformation work in community navigation, community pharmacy, children services, long term conditions and anticipatory care
- Place based OD and people project to ensure there is a cultural shift to realise the benefits of Locality working
- Develop a model for community and voluntary sector partnerships, and resident involvement in each Locality
- Develop a model for addressing health inequalities on a Locality footprint which brings together the voluntary and community partnership

New metrics for 2021/22



- The key difference in the BCF guidance this year has been the introduction of the 3 new health metrics around avoidable admissions, length of stay and discharge.

8.1 Ambulatory Care	2020-21 Actual	2021-22 Plan
8.1 Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	251.25	239.40

8.2 Length of Stay		2021-22 Q3 Plan	2021-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	8.0%	8.1%
	Proportion of inpatients resident for 21 days or more	4.4%	4.4%

8.3 Discharge to normal place of residence	2021-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	96.5%

These metrics are supported by the following BCF schemes:

- Integrated Discharge Hub
- Reablement team
- Community health and social care teams
- 7 day hospital social work team
- Community equipment services
- Brokerage service
- AMHP service
- Out of borough Social Worker
- RAID
- Age UK take home and settle
- Age UK last years of life
- Community Geriatrician team
- Admissions Avoidance Discharge Service inclu D2A
- St Josephs Hospice
- Integrated clinical and commissioning quality NIS

Better Care Fund

Next Steps



- Our Plan is currently being scrutinised by regional assurers and we expect to receive assurance of our plan on the 7th December 2021 with regional approval letters expected on 11th January 2022. Nationally there is a requirement for Section 75s to be in place by 31st January 2022
- Continue to review BCF spend against THT priorities and THT outcomes framework
- Start development of the locality programme
- Continue discussions on options for further alignment and pooling of budgets within the ICS arrangements